PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Complete Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2880

				01 <u>1 ux</u>	(0)	1) 210 2000				
INSTRUCTIONS: This appropriate. All further indicated unless correcte maintenance fee notificat	form should be used f correspondence includir d below or directed oth ions.	or trang the erwise	smitting the ISSU Patent, advance or in Block I, by (a						ould be completed where correspondence address as rate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)						Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittat. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
80129	7590 12/02	2008			navi					
Law Office of George A. Herbster 40 Beach Street, Suite 303 Manchester, MA 01944						I hereby certify that this Feed's Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (5/11) 273-2885, on the date indicated below.				
						(Depositor's name)				
						(Signature)				
						(Date)				
APPLICATION NO. FILING DATE				FIRST NAMED INVENTOR			ATTORNEY DOCKET NO.		CONFIRMATION NO	
10/692,285 10/23/2003 Douglas E. LeCrone E30-033CON 7130										
TITLE OF INVENTION: PROGRAM FOR MONITORING UPDATE ACTIVITY IN A DATA STORAGE FACILITY										
APPLN. TYPE	SMALL ENTITY	IS	SUE FEE DUE	PUBLICATION FEE I	OUE	PREV. PAID ISSUI	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO		\$1510	\$300		\$0		\$1810	03/02/2009	
EXAMINER			ART UNIT	CLASS-SUBCLASS]				
PHAM, KHANH B 2166				707-204000						
I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form FTOSBH 22) attached. "Fee Address" indication (or "Fee Address" Indication form FTOSBH 27, Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is stick, no name wilb or printed.						
3. ASSIGNEE NAME A	ND RESIDENCE DAT.	A TO I	E PRINTED ON	THE PATENT (print	or ty	pe)				
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the pattent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT1 a substitute for filing an assignment. (A) NAME OF ASSIGNEE										
(1) 11 11 12 01 11 10 10 10 10					Hopkinton, Massachusetts					
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government										
4a. The following fee(s) lssue Fee Publication Fee (*) Advance Order	b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) \[\begin{align*}\] \text{A check is enclosed.} \\ \begin{align*}\] \text{Payment by credit eard. Form FTO-2038 is attached.} \\ \begin{align*}\] \text{Director is hereby suthorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).} \end{align*}\]									
5. Change in Entity Sta	s SMALL ENTITY stat	us. Sec	37 CFR 1.27.	☐ b. Applicant is n	io loi	nger claiming SMA	LL EN	TITY status. Sec 37 CI	FR 1.27(g)(2).	
NOTE: The Issue Fee ar	nd Publication Fee (if re- records of the United St	uired) ates Pa	will not be accepte tent and Trademark	ed from anyone other	than	the applicant; a reg	istered	attorney or agent; or th	ne assignee or other party in	
Authorized Signature	U	11	helet					ry 24, 200		
Typed or printed nam	George 1	E	lerbster			Registration l				
This collection of inform an application. Confider submitting the complete this form and/or suggest Box 1450, Alexandria, ' Alexandria, Virginia 22:	nation is required by 37 tiality is governed by 33 d application form to thions for reducing this by Virginia 22313-1450. D 313-1450.	CFR 1. 5 U.S.6 c USP orden, O NOT	311. The informati C. 122 and 37 CFR TO, Time will vary should be sent to the SEND FEES OR	on is required to obta 1.14. This collection y depending upon the he Chief Information COMPLETED FOR	in or is es indi Offic MS 7	retain a benefit by stimated to take 12 ividual case. Any c cer, U.S. Patent and TO THIS ADDRES	the pul minute ommer Trade S. SEN	olic which is to file (and is to complete, including its on the amount of the mark Office, U.S. Depo ID TO: Commissioner	d by the USPTO to process) ig gathering, preparing, and me you require to complete artiment of Commerce, P.O. for Patents, P.O. Box 1450,	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.